

Tape # 9 Dr. Michael E. DeBakey and  
Don Schanche, Houston 8/8/72

DR. DeBAKEY: .....activities and that sort of thing. Well,  
to some extent this is true among the students.  
But, largely, that's because of a lack of experience  
on their part. It's a mixture of idealism, lack of  
experience and, of course, a lack of wisdom. This  
only comes with time and experience. And so, they  
believed that the world can be changed, and be made  
an ideal world simply by saying so. It could be  
done, all you had to do was say it. Well, of course,  
anyone who knows the realities of human nature, know  
this is not possible. But they don't know that, yet.  
And it's really just ignorance of the....youths.  
Unfortunately, that's often regarded as being intellectual.  
It's a great distortion, really, of the connotation of  
intellectuality, but I have a feeling that it's been  
purposefully done that way. It's much easier to hide  
your ignorance and lack of experience behind a sort of  
cloak that is at first regarded as intellectual, than it  
is to .....

SCHANCHE: Radical intellectual.

DR. DeBAKEY: Yes. Now, the truth of the matter, though, the reality or the faculties of their educational institutions are composed of individuals who tend to be reactionary. One reason they tend to be reactionary is because they want their status quo to remain. They may be impatient with the status quo of others, but it's almost like the fella who wants to share your wealth, but not his. You'll see this expressed time and time and time again on the faculty. If you set up, for example, a curriculum committee, that represents various departments in the college, you'll find the tendency is that that curriculum committee becomes virtually arthritic in its movements for the very simple reason that everybody on there is fighting to keep his curriculum in tact. There is nothing wrong with his curriculum except the fact that he doesn't have enough time, he wants more of the students time for his curriculum. You mustn't cut his time down, it's these other people. Well, everybody.....it's like trying to get Congress to be economical.

DR.DeBAKEY: They're all, every representative wants to become more economical with the other fella's appropriation, not with that that comes to his state.

SCHANCHE: Well, with the very nature of the university as such to make it one of the most conservative and self perpetuating of all institutions.

DR.DeBAKEY: Yes, of course. The idea....you see, the original idea of the university, of course, long ago disappeared. The university....the scholars. There aren't many scholars at a university anymore. They're there for the business of it. It's become a trade like any other trade.

SCHANCHE: The object is to become king, build your department.

DR.DeBAKEY: Exactly, and to promote yourself. The whole concept of tenure and all that sort of thing. It's trade unionism. What is tenure? It's the same concept of trade unionism.

SCHANCHE: The idea was to protect the world of ideas, wasn't it?

DR.DeBAKEY: That's what I'm saying, you see, the whole concept of the original concept of university disappeared long ago, through the selfishness of human nature.

DR. DeBAKEY: It simply goes to show, the education as such doesn't often change human nature.

SCHANKE: Well, aside from the awful shambles of university education at large , back to medical education, the task at hand is to try to reform it and at the very least reduce the number of years of training. This goes back, doesn't it, to what you were saying some people.....need the national leadership to do it and you can't do it.

DR. DeBAKEY: No. I don't think you can do it frankly without more powerfully leverage. I don't think you can do it on the basis that the leaders in education will do it. I have been on the board of the American Board of Surgery, I have been on the Board of American Thoracic Surgery and it constantly harangued the members of the board at the annual meetings to change the training regulations to shorten the period, to make it more intense. Nothing happens. There are too many people that have vested interest on the way it is and that's why I say you've got to have more powerful leverage.

SCHANKE: That particularly....what you say is interesting to me, but what vested interest could a group of thoracic surgeons have in maintaining exactly of the requirements for board certification that exists beyond the very definite need to make sure that your candidates are .....

DR.DeBAKEY: Well, let me illustrate. Let me illustrate. A certain clinic will be represented on the board. A surgeon from a certain clinic, private clinic group. Now, I'm going to go through the process of giving you the experience, this is what actually happened. They pointed out that the training that they give the student in this private clinic is quite good training. They're good surgeons. If a fellow comes there and trains with them, he's bound to get good training. In spite of the fact that this is a private clinic where private patients are operated on. Now, you cannot give a man adequate training in this field unless at some point in his training you begin to stage his training in such a way that he develops increasing responsibility for the care of that patient. At some point he must take over

DR. DeBAKEY: the responsibility. This is the way you train him. And like any other kind of training. If you're going to train a brick layer you're.....he is an apprentice first and if he passes you the bricks and he watches you the way you do it, but at some point, you've got to give him the brick to put in its place with the cement and correct him if he does it wrong until he becomes expert in doing it. It's a repetitive process. Well, now this private clinic didn't have any patients to give over to him because they were private patients, they had to be treated by another surgeon. But, this is very cheap help. And you need that help in a big operation, you've got to have somebody holding a retractor and assisting and so on. So they wanted the requirements changed so that they could have their man come there, because if it isn't approved so that they can ....would be qualified to take the board exams, they would never be certified. There you are. Just as simple as that.

SCHANKE: I thought that we were going at this from the other

SCHANCHE: side, that you had been pleading to change the qualifications in order to shorten the period of training rather than to .....

DR. DeBAKEY: Yes.

SCHANCHE: Rather than to give private clinics the opportunity to get some cheap labor.

DR. DeBAKEY: No, I ...that's what I'm saying, no, I don't want them to have cheap labor. That's exactly right. But.....

SCHANCHE: But, you would like to see the period of training shortened?

DR. DeBAKEY: Oh, yes. But the training.....

SCHANCHE: What self-interest could motivate the board , again let's say the Board of Thoracic Surgery, what self-interest could motivate them to say no we won't shorten this period of training? We don't want them shortened.

DR. DeBAKEY: Because they ....the way they were trained, Just because of the....

SCHANCHE: The tradition?

DR.DeBAKEY: Yeah, sure. Absolutely. They were....it took them five years or ten years to become where they were, by God, this is the way they want the man to be trained.

SCHANCHE: They're not worried about more competition suddenly blooming?

DR.DeBAKEY: No, no. They've got all they can do , at this point. The competition is not a factor. But they are so traditionally oriented and this is what I'm saying, they believe that the way they were trained, they way they were educated is the best way. Look at me, I...this is what was happening to me, this is good.

SCHANCHE: Have you got much support in this kind of a hassle ? Are you standing alone most of the time?

DR.DeBAKEY: Most of the time I am alone. Oh, there are a few fellows who join with me often and who .....but they are in a great minority.

SCHANCHE: Back to something you said a minute, what source of power can you have, just to make these changes?



DR. DeBAKEY: Well, you see, I don't believe with all due respect to the medical .....they can police themselves. That they can. And I don't believe that they can make the changes they say that they can make. You've got to have some leverage, this means that you've got to have some leadership. This means you've got to have the leverage of money and the power so to speak of the people. That can only come from an outside source. So, while I am concerned about having more government interference I believe that this can be structured in such a way that you can have sort of counter-balance against any dictatorship on the part of government by establishing certain controls and setting up legislation that gives, say a secretary of health, certain powers; powers of inquiry, powers of review, powers of peer review, utilizing peers. And if I were Secretary of Health, for example, and had the ....a kind of power, I would set up a commission on medical education immediately. I would give it certain directives and

DR. DeBAKEY: certain charges and I would .....that in itself,  
as soon as that inquiry starts.....

SCHANCHE: You can invoke a lot of pressure right away.

DR. DeBAKEY: Exactly. This is what I'm saying.

SCHANCHE: Isn't this in a sense a subtle form of dictatorship  
to the profession?

DR. DeBAKEY: Oh, yes.

SCHANCHE: The Secretary of Health has the power to actually  
direct federal money to medical schools and recognize  
some and not recognize others.

DR. DeBAKEY: Yes. Sure.

SCHANCHE: He is in effect a dictator.

DR. DeBAKEY: Well, he is in that sense, but you're not going to  
effect any changes, important changes within sufficient  
period of time unless you have some force. Now, if  
you want to call that dictatorship, alright. But I don't  
really call it that. I don't even regard it as a subtle  
form of dictatorship. I think it is a form of mobilizing  
change, yes. In fact, that's its purpose.

SCHANCHE: Mobilizing public opinion and focusing the power of the  
public.....

SCHANCHE: You will have to keep coming back to the same single national source of public power for almost everything you want to do....

DR. DeBAKEY: No. I think there's still plenty of room within our system for the more pluralistic type of activity.

SCHANCHE: I don't mean that exactly. There are things that you want to do, you want to train twice as many doctors as you're training now, and you want to reform medical education, you want to restructure the elements of research into regional.....all of these things come back basically to .....

DR. DeBAKEY: Well, what's the use of having a Secretary of Health if you're not going to do anything? That's what I mean by providing leadership. Exactly. (PAUSE) I was asked to participate in the health area and I did express myself both to Larry O'Brien and to Wilbur Cohn. The main thing I said to them was that I would hope they would adopt the national health insurance concept and secondly that they would put in a strong recommendation for increasing research funds, research in education funds for health.

DR. DeBAKEY: Well, that's.....if they'd do that, that's all I'd care for. I couldn't attend the session they had where they invited me to come and speak, I was in Europe at the time, but it was just as well, The way it's been done, I am sure that..... the meeting anyway.

SCHANKE: On this.....while we're on the subject of education, is there anything that we haven't addressed ourselves to that is of importance to you?

DR. DeBAKEY: No, I think we'll need to fill this in in a little more specific form when we get down,when you get down to writing it, so that it's clear. We've simply sketched it out.

SCHANKE: It should be put in the form of a very clear and specific.....

DR. DeBAKEY: I think that covers it pretty well.

SCHANKE: Do you have any ideas about involving more minority groups, women and so forth in medical education?

DR. DeBAKEY: Well, of course, I.....

SCHANKE: They both remain under-represented, don't they.

DR. DeBAKEY: Yeah, of course, I think, as far as women, are concerned, I must say that I don't feel very strongly about that, because I think women ought to be allowed to do what they want to do. I don't think they ought to be discriminated against. But, if you will look at what happens to women in our society, in medicine, you'll find that very....really a large part of their life in medicine is wasted. In other words, you may you know, the investment that you put into the training of a woman doctor is not often....does not often pay off. It certainly doesn't pay off in the same sense it does the men.

SCHANKE: Has anyone....someone must have done a statistical study on the number of women who dropped out of medicine and for how many years they intend to stay out.

DR. DeBAKEY: Oh, yes. This is pretty well documented. Even during the time that they are active in medicine their number of sort of sick days, let's say days they are off, is much greater than for men and the amount of

DR. DeBAKEY: work they'll do is much less. This is understandable, they are just physically not capable to putting in the amount of time. Secondly, a fairly high proportion of them are going to get married. Well, they drop out to have children and very often they will virtually drop out completely for awhile to raise them. Sometimes they'll come back, but lots of times they won't. I don't mean to discriminate against them, don't misunderstand me, but I don't .....

SCHANKE: You just don't want to make a fool of yourself.....

DR. DeBAKEY: No, I'm not going to go out and fight to put more women in medicine, because I don't think it's necessary. That isn't where the problem is. Secondly, as far as minorities are concerned, I think the basic problem there is not opportunities of minorities, it's to start earlier preparing minorities for the medical schools .

SCHANKE: Well, how do you do this?

DR. DeBAKEY: By getting them, in grammar school and high school, to be interested in health activities and interested in careers in medicine and working towards it.

DR. DeBAKEY: Now, we have, in this summer course, we have three or four minorities, there are a couple of black boys, two or three black boys and two or three black girls. Well, they are science winners. They are bright. They are still in high school, only one of them has graduated this year, the others are still in high school. There's where to get them. I talked to them and urged them, I said, "Here's a great opportunity for you. You've got a wonderful opportunity for a career in medicine and I hope you go on now and plan to study medicine." And it really is a good response for me because they are telling me they.....that as a consequence of this experience they are going to study medicine. They hadn't decided what they were going to do.

SCHANKE: Will they find it relatively easy to get scholarships?

DR. DeBAKEY: Oh, sure. Much easier than a white person right now. All the schools are battling to get these kind of people. So everybody's competing for the same ones. Showcase Negroes. If there are these students, there must be others.

DR. DeBAKEY: That's what I'm saying that's what you do. Get them started early. This is what I say to them, "Don't" ..... You can't do much with a student who just doesn't have the background yet and you bring him into medical school and you destroy them. This has happened to.....

SCHANKE: You can't have open enrollment in medical school?

DR. DeBAKEY: No, well, you see, we've done this and, and they had a lot of big problems at Hopkins, they went all out to get about twelve or thirteen black students, well, only about three of them were qualified. Well, they had a hell of a time, finally had to fail them and that created a problem. The same thing happened at Duke. We've got one or two of them on our classes that we've got problems with. That's not when to get them.

SCHANKE: How can you go about motivating them earlier, as opposed to motivating anybody earlier?

DR. DeBAKEY: Give them these kinds of opportunities. Like this program I have is a unique program. There ought to



DR. DeBAKEY: be programs like this all over the country. The only reason that it is unique as far as we're concerned is because of the money. Now, I get private money to do this. There are no monies for this. These are the kinds of programs they ought to be establishing. Get these kids at this age who show some promise and you can get a lot more of them. The health industry has much greater opportunities for minorities, in my opinion, than other areas of industry, because it's a big area. Secondly, the....because there really isn't any discrimination in this area. A Negro in this area can do just as well in spite of what's said about discrimination. Oh, I'd say there isn't any, but....

SCHANKE: It's still much easier to become an orderly than anything else in medicine, if you're black, isn't it?

DR. DeBAKEY: Well, it depends on whether or not you're qualified to work. Now, you take, for example, right here, we'll take them, if they're qualified, they can do anything in this environment. Anything. The problem is....

SCHANCHE: .....now we've come pretty much too \_\_\_\_\_  
in the United States in medicine.

DR. DeBAKEY: No, not generally. But it's becoming more. Look at what's happened right here, Don. When I first began operating in this hospital they didn't allow any Negro patients in this hospital at all. And I had to break the barrier by insisting that ...upon bringing patients in here for cardiovascular surgery, because they couldn't get it anywhere else, and because they were sent to me from all over the country, for this special.....in back in the pioneering days. And I was the only one doing it. I had to force the issue by simply saying that I would be willing to go before the Board of Trustees and saying how can you say you're running a Christian hospital? This is not the teaching of Christ, to deny a man the opportunity to be healed because he's black, and because the staff of this hospital says they don't want any black patients in here.

SCHANCHE: Did you go through the same kind of battle when you told me.....did you go through the same kind of battle when you were getting black staff in here?

DR. DeBAKEY: It was not quite as hard there. Because they had black employees in this hospital, but not at the technical level.

SCHANKE: They were still service employees?

DR. DeBAKEY: That's right. I simply...it really started out because we had a black technician working with us in the labs. You see what happened in the pioneering days, we used to bring the lab people who worked with me in the lab to work on the patients. We didn't have any other trained personnel. Well, I broke the whole barrier, because there was no other way to do it.

SCHANKE: What kind of technicians?

DR. DeBAKEY: For example, pump technicians, they were technicians that assisted in putting together the machines and that sort of thing that we used.

SCHANKE: I was just wondering who was your Jackie Robinson?

DR. DeBAKEY: No, I ....it wasn't so much that as a member of the total team and I headed the team and it was me that took on the responsibility for having the team in tack and together and we were looked upon as part of my team.

SCHANCHE: When did this place become fully integrated?

DR. DeBAKEY: I'd have to get that date for you, but it became....  
well, when you say fully integrated, I think you've  
got to qualify that. We passed a resolution that  
there would be no discrimination in patient admissions  
or staff or staff membership. That was passed by  
the Board of Trustees and then by the Methodist  
Foundation. Well, I can get that exact date for you  
but that came along, oh, ten, twelve years ago.  
It was the first hospital to do it here. In this  
community.

SCHANCHE: Here in Houston. In Texas also?

DR. DeBAKEY: Well, I can't be certain about that. But, probably  
in Texas.

SCHANCHE: Are there any black doctors working on the staff?

DR. DeBAKEY: Oh, yes. Yes, we have black doctors in the resident  
staff, we have black students, medical students.

SCHANCHE: Do you have any black faculty?

DR. DeBAKEY: Yeah, we have some black faculty. Oh, I remember  
when we had a black resident and they made a.....

DR. DeBAKEY: they said , well you can't have him come over to this hospital. And I said why not, he's a resident. Your affiliated with us, how are you going to stop him.

SCHANKE: And what happened?

DR. De BAKEY : Nothing.

SCHANKE: That was the end of it. The matter was then dropped? There was no further....

DR. DeBAKEY: That's right. They didn't want to bring up ....they didn't want to confront me with it.

SCHANKE: Did anyone try to make life difficult for him?

DR. DeBAKEY: No.

SCHANKE: Not any more difficult than it already is for a resident?

DR. DeBAKEY: That's right. No, No. They knew they had me to deal with. And I....I would have....they didn't want a confrontation, because they knew they would loose. There's no valid way to confront an issue like this. And they knew that the Board of Trustees would back me.

SCHANKE: How long ago was this?

DR. DeBAKEY: Oh, this goes back. Oh, yes. Oh, no this was in the fifties. This goes back to fifty-six, fifty-seven, fifty-eight, something like that. That's why I have such good relations with the blacks. They think I....I mean, you know, we're friends. Well, in that sense yes, but I'm no more their friend than anybody else, really. I don't feel that way about the blacks. I don't feel that they're any special people. I regard them as everybody else. That's why I think so much of the unfortunate things that have happened come from white people really making black people feel by trying to overdo things. I think you ought to accept them like anybody else. And make them feel that way, and this is what I try to do. I don't try to be let's say overconcerned about it. I told these students the other day right here in front of me, they were saying what about more minorities. I said what are you talking about. They said, well, we'd like to see more minorities come into Baylor. I said, I don't quite know what you

DR. DeBAKEY: mean by that. If you mean more black students say so. If you want to describe them as such. But, I said, you know, I think I'm a minority. It doesn't bother me. If you want to describe it as such. I'd like for you to quit thinking of yourself as a minority. You're a person, in a society and represent yourself as a person in that society. Not as a minority. Why do you have to be a minority. I think you're starting off with in a sense, a disadvantage. It's sort of psychologically. You're equal to anybody else. If you work and do your part, you'll get the respect of your peers and that's what you want. That's all you need. You don't have to be a minority. I told them. ....

SCHANKE: How did you come to this wholesome attitude after your entire childhood was spent in utterly segregated society?

DR. DeBAKEY: I wasn't segregated, Don.

SCHANKE: Well, you were segregated in a very literal sense. That black people were certainly not considered

SCHANKE: to be the persons in the society as you consider them now.

DR. DeBAKEY: Yeah, but I...you mean, your talking about the way I grew up. Well, sure, I grew up on a segregated society, but my father and mother never talked about the Negroes in a contemptuous way. My mother was always very kind, as kind to Negroes as she was to anyone else. I used to see this. She thought of those that she knew well and even those that worked with her as a kind of a friend in a way. They were very kind and sweet to us. I remember the servants we had, the Negro servants, were sort of part of the family. I never thought of them as , I didn't look down on them . I remember when one of the old Negroes that worked for us for years, actually stayed on our place, got so old and developed some heart failure, and I was at Charity Hospital and my father called me on the phone and he said I want you to take care of him. I'm going to send him to New Orleans, see if you can get him better care.



DR. DeBAKEY: Will you take care of him? And I said, "Well, Dad, I don't know whether he can get any better care here or not, he's got heart failure." "Well, " he said, "What do you want to do?" I said, "Maybe I had better come and see him at home on my next visit." "Well," he said, "when are you coming?" And I said, "Well, I'll come when you say." He said, "You come this weekend." So I made a special trip just to see this fellow and to try and decide whether he could be better treated in New Orleans. Well, I suppose that had something to do with it. Secondly, I suppose, that just my upbringing and early childhood was such that I developed a sense of compassion for my fellow man from my parents, maybe it's in the genes, I don't know. But, I never regarded and didn't ever regard anyone, Negro or anyone else, as an inferior group, so to speak.

SCHANKE: Do you suppose the fact that your own cultural background was not Bedrock, Louisiana, old South kind of background, but probably more sophisticated and .....

DR. DeBAKEY: Well, I don't know, you see, I never experienced any prejudice against me, Don. I grew up in a, to be sure, my family was not originally from Louisiana, but not for more than one or two generations. But, my father was highly respected in the community and he had good friends among some of the prominent people. I went to a Catholic school originally and then, because I didn't like the school myself, insisted on going to public school. Went to public school, I played with the boys of all religions and it never occurred to me that somebody was a Jew or Catholic or....because we played together. My best friend was the son of a Presbyterian minister and I used to go and play in the orchestra there. I joined the boy scout troupe that was sponsored by the Baptist church and used to go with them. We belonged to the Episcopal church, we used to go there for regular Sunday School every Sunday. In school, of course, I never experienced any prejudice I guess because I was very active in school and

DR. DeBAKEY: secondly, because the students had to respect me. I just was smarter than most of them, you know. I led my class. When I got to Tulane, the same picture, the same experience. I had wonderful relations with my teachers as I have already indicated. So, prejudice never entered into my life.

SCHANKE: Not in a personal way, but it must have....when did it occur to you that the black kids were not going to your school? And couldn't afford to.....

DR. DeBAKEY: Well, you see, I never.....I guess it was a lack of social consciousness in this regard at that point.

SCHANKE I think it was true of everybody.

DR. DeBAKEY: Yeah, it never occurred to me that this was socially discriminatory and unfair. I wasn't thinking of fairness or unfairness in those times, I was thinking of myself, like everybody else. What I was doing, and it never occurred to me that this was depriving the Negro of his rights.

SCHANKE: When did this really occur to you, when you got into the medicine and saw the wretched conditions of the

SCHANKE: Negroes were getting?

DR. DeBAKEY: In Charity Hospital. That's right. I must say that I would like to see the Negroes not be regarded as minorities, I think it's a terrible thing to do to them. I think part of the reason they're still suffering the discrimination is because they are identified as a minority. I think it's a terrible deal, so to speak, they are.....

SCHANKE: It's becoming a devastating self-image, isn't it a self-defeating image?

DR. DeBAKEY: Yes, absolutely. Well, I guess I think of it in a different way and I find myself constantly being in a minority in the way I think now and everything I do, I.....it's amazing to me how often, of course it is a little frustrating, and yet, I have learned to sort of accept the fact, you know, that I'm going to be in a minority in my thinking, even though, ultimately, I find that the majority joins me very often. Coming back to this Negro business, it is to me a self-defeating kind of activity to promote the interest of a minority.

DR. DeBAKEY: I think the sooner we get over the concept that they are a minority in our population, the better off we are going to be. To some extent this is happening.....

SCHANKE: Flying in the face of a trend .....because we're tending more and more to recognize ethnic diversity and various other terms that are used to express the multiplicity of kinds of people in a sense.

DR. DeBAKEY: Yeah, but I think, you see, that as long as the Irish, for example, and the Italians and Jewish people were identified as minorities in our population, they were getting a bad deal. It's only when you begin to erase that, erase the fact that Irish were a minority, that Jews are minority, and so on, and begin to think of them as people, as individuals. No different really from myself. Given the same capabilities the same opportunities and so on, and if they can contribute to the society, let them contribute on the basis of what they have to contribute. Whatever it may be, perhaps some certain talents, if they are

DR. DeBAKEY: mediocre, then let them contribute in a mediocre way.

SCHANKE: Did it take medicine to bring you to this, the common anatomy of this form?

DR. DeBAKEY: To some extent, yes. Because, you see, there is nothing that makes you more aware of man being similar than medicine and being sick. Time and time again, I will go from one patient's room to another and the next door patient is a Negro and I must say that I hardly realize that it is a Negro. I don't....I'm thinking about the valve I put into this patient, I'm looking at the chart in terms of....the same terms that I had just looked at the other chart. Has this patient got fever? Is this valve working? Did I ....is the circulation now okay? That reduces everybody to the common denominator and were it not for the complexion of the skin, you wouldn't know that there is any difference.

SCHANKE: We all look the same draped.

DR. DeBAKEY: Absolutely. Especially after the incision is made.

END OF SIDE A

SIDE B

SCHANKE: I want to talk about education. But what I'd like to do if you can do it, is try to link your ideas and observations about medical education as an educator with your own experience as a medical student. As you grew up in medicine, not merely as the President of the College.

DR. DeBAKEY: Well, I'm sure that my personal experience as a student had a lot to do with my own, some of my philosophies that I have developed over a period of time, reaffirm by experience. When I was a medical student at Tulane , I mean, before I became a medical student, I was in the college at Tulane as a pre-medical student, well, I was interested in getting my medical requirements, that is the requirement for entering medical school, so I selected my courses in such a way that I got all the science I needed, but at the same time I wanted to get bachelor of science degree, so I wanted to be sure that I had the other required courses and the hours in them. For example, I wanted to have

DR. DeBAKEY: enough English and philosophy and I took courses in that at the same time. Then, I took summer courses to complete all of my requirements to get into medical school and arranged with the Dean of the Arts and Sciences School to complete all the courses I would have to complete to get my bachelor of science degree in four years. So that within a two year period I had completed all of my required courses to get into medical school, and so I entered my medical school at the completion of my sophomore year in college. Then while I was in medical school completed all the other courses in addition to my medical work, medical school work, so that when I became a sophomore in medical school, I was a senior in arts and sciences school. I got my bachelors degree, I graduated with my college classmates and got my bachelors degree. Then went on two more years finishing my four work in medical school and got my medical degree, and subsequently got a master of science degree. But, in addition to that, I also did extra-curricular work and in the summer, for example, I



DR. DeBAKEY: was an instructor in Biology and Zoology and in addition to that I did some artwork for which I got paid. In addition to that, I played..... That's right....I gave a course in cat anatomy. Also played in the band and in the orchestra, so if a student wishes to put in all these extra hours and time he can do it.

SCHANKE: Realistically, thought very few people are doing that. You might think that theoretically they are capable because you still work on a twenty hour schedule, but not many people live and do that.

DR. DeBAKEY: Well, I don't really believe that that is true. I understand that all people aren't alike, but I don't think that most fairly capable people are fully challenged. Now, I have here in the summer, every summer I take on this group of students. You'll remember I gave you a.....Yeah, some of them are still here. Most of them are beginning to drift away and by the end of the month they'll be gone. They've been working with us here and I've been talking to them.

DR. DeBAKEY: There are about thirty of them. Of course, they are top quality students there's no question about that. Most of them are science students. There's no question in my mind any one of these students, as far as I'm concerned, with another year's work can go right into medical school.

SCHANKE: I guess most of them are college freshmen, aren't they?

DR. DeBAKEY: No, high school graduates or high school seniors and a few college freshmen; but most of them are high school.

SCHANKE: Then they have just finished high school?

DR. DeBAKEY: Yeah. Very, very, capable youngsters, no question about it. I've talked to them and it really is a joy to be with them. Very stimulating and inspiring group of youngsters. Let's just go the full gap now in my college days, medical student days, to a program which we are now going to try. This is an experimental program which we are doing with Texas A & M. They are going to take on sixteen top students, that's the maximum number that they'll take on. They are going to give them their....they are going to take

DR. DeBAKEY: these students on at the end of their sophomore year in college and give them their basic science work at Texas A & M and set up a faculty of medicine , a two year faculty in medicine. Then they are going to transfer them to us, at the end of two years, so that that really would be at the end of four years after they have matriculated at Texas A & M, and graduate at the end of six years. That's exactly what I did. And they're talking about it as an experimental program. And mind you, when I brought this program, and the president of Texas A & M and I discussed this, and I brought this program to our faculty, there were a lot of members of our faculty that I had to virtually persuade to do this. They were very reluctant to do this.

SCHANKE: Are they going to follow the....are the going to plunge as deep as you did, they're not are they? They're not going to take their B.S. at the same time.

DR. DeBAKEY: No.

SCHANCHE: They're going to miss a good deal that you got.  
Because you wanted it.

DR. DeBAKEY: Yes, that's true. But, aside from that it's really  
the same principle.

SCHANCHE: How does that, in relation to accreditation, of schools,  
did.....this has to be experimental because the  
accrediting board wouldn't permit , would it?

DR. DeBAKEY: Yeah, it has to be accredited.

SCHANCHE: How enforced is it?

DR. DeBAKEY: Well, they may ---I think they'll accredit it as an  
innovative program as long as they are credited on  
a basis of quality of faculty.

SCHANCHE: Well, do you foresee this happening then as a broadened  
program?

DR. DeBAKEY: Yes, well, I've been talking about.....

SCHANCHE: Revolutionizing medical education .

DR. DeBAKEY: Yes, and I have talked about this for a number of years  
that we could cut down the total amount of formal time  
and really come out with a good or better product.

SCHANCHE: Well, you will have trimmed what's now two years in the old days you would spend three years in premed and four years in medicine. Now you have four years and four.....

DR. DeBAKEY: Well, now we've just eliminated the internship year, which should have been done ten, fifteen years ago. I presented this at a meeting of the AMA more than ten, fifteen years ago, and they're just getting around to doing it.

SCHANCHE: I didn't know that it had been eliminated.

DR. DeBAKEY: Yes, just got around to doing it.

SCHANCHE: All over or only here in Texas?

DR. DeBAKEY: You see, the program, you've got to keep in mind that what happened was...that there was a kind of revolution in medical education over fifty years ago, and that this occurred because of the large number proliferating, sort of mail order .....and the Rockefeller Foundation set up a fund to study this situation and as a consequence they did a study and came out with a report that the AMA accepted and then that eliminated

DR. DeBAKEY: all these....because they set up some requirements. And the requirements were four year curriculum, with specific subjects and number hours and so on. Now, that became a kind of rigid structure and then the requirements for admission became fairly rigid and this became so rigid and so structured that most students virtually, to get into the best medical schools, had to get a bachelors degree to even get into school. So that was four years of college work and then four years of medical school, that's eight years. Then an internship, that's nine years, and then anywhere from three to five or six years of residency training depending on the speciality. So, you're gonna have to speak about an average of twelve years, thirteen fourteen years of training from the time a student is in high school . Well, assuming he graduated from high school at eighteen, by the time that he was ready to practice his speciality on an independent basis, and that's to be self-sufficient , self-sustaining he would be over thirty years of age. Now that's a costly process.

DR. DeBAKEY: That costs somebody, somebody's got to support this man. Well, the public really supports him one way or another, whether it's his parents or the hospitals or what. It's a costly thing. Secondly, it's costly and wasteful in human resource. In the meantime, the preparation of students because of the rapid accumulation of scientific knowledge in the past two or three decades and the , in a sense, the teaching of all of this at grammar and high school level, has made students far more knowledgeable in the sciences by the time they were in college and by the time they were through with that work in college, even at the first two years of college, they've often come into medical school and repeat what they've already had. Now, the structure of education for the various specialities is such that it is not coordinated, because the colleges structure their education program for their purpose not for the preparation of a man or his speciality.

SCHANKE: Not channeled into their specialities early enough?

DR. DeBAKEY: No. Absolutely, they're...everybody's given the same education when they are in college of a university. They have certain courses and this is done, in a sense, not in the best interest of students. This is one of those difficulties with the way education is structured today. It's not structured to the best interest of the students, it's structured to the faculty. It's structured in the interest of the faculty. The fellow in English literature gives a course in English lit according to his views, according to what he thinks and what he wants to do. It's not really structured for the education of the students, and this is true across the board.

SCHANKE: How does this relate to medical schools?

There needs to be.....

DR. DeBAKEY: Yeah, or it relates to medicine in this fashion. That the preparation of this man for medical school is not directed in the most effective and efficient way. It is in other words, he's not step wise developed educationally in his educational process to become a doctor when he



DR. DeBAKEY: enters college, because the college courses are designed not for their purpose, but for all of the students, some of whom are going to go into many different fields.

SCHANHE: But we look at pre-medical education as being channeled to a degree.....

DR. DeBAKEY: No, it's not though, you see, it's pre-medical only because they select certain courses in biology and science and so the medical school says these are the required courses you must take in college wherever you go. So, my criticism of the whole thing has been that you don't have a coordination of the educational process but rather independent groups that develop the educational process and the student has to go through these independent groups and when he's in college he could take a pre-medical course and just as easily shift gears at the end of two or three years and become an engineer. Go into engineering school or go into law or anything else and does, this happens very often.

SCHANKE: Now take an example of a student entering under the ideal DeBakey program to become a cardiovascular surgeon someday, what particular path is he going to follow through the educational process?

DR. DeBAKEY: Well, the first path, of course, is that he would get a basic education leading to let's say an MD degree, becoming a doctor. He's got to become a doctor no matter what he's going to do, but I would start him off at the time he finishes high school, I agree that you've got to give him a basic education at that point, but beyond that point, you ought to begin to specialize for a career, for a goal in life. In fact this is one of the criticisms that I have made in my own mind of what I observe at colleges when I go to the colleges and speak very often, they invite me to come and speak to them. In the sort of discussions that I have afterwards with the students, I find a great majority of them have no idea what they're gonna do. Well, I'm appalled at this. I knew exactly what I

DR. DeBAKEY: wanted to do when I went to high school and most of the college students that I was with knew what they were going to do.

SCHANKE: There were far fewer of you in those days. Vast numbers of kids already doing what they were going to do because they couldn't go to college and they had to go to work.

DR. DeBAKEY: Well, but what of these boys doing in college? I find this extraordinary, what are they doing? They think they're getting an ed.....

SCHANKE: Trying to find out what it is they want to do.  
I suspect that's the answer with a large number of them.

DR. DeBAKEY: Well, I think that they ought to have goals even though they change them. I see nothing wrong with that.  
One of my boys now is beginning to change his goals. He's decided that he's interested in law and he wants to study law and he wants....he asked me about it just recently, and I said, "Fine, that's great, go ahead and see if you have the aptitude, take the tests." Well, this is what I mean, I think that they need to be more

DR. DeBAKEY: goal oriented and ....in what they do. I don't think that there is enough to be educated .

SCHANKE: Well, carry this hypothetical student on through, assuming he's goal oriented and you already and he knows very certainly..... that he wants to become a cardiovascular surgeon.

DR. DeBAKEY: Then I would structure the four years from high school of college work, which would include certain courses that we give in medical school. In other words, anatomy, physiology, biochemistry, these are basic science types of activities that you've got to know. There is a certain amount of factual knowledge that you've got to know and understand about the human body. These courses would be structured to give this, so that he would get some structured work over a period of four years. Now during those four years, he would virtually become a bachelor in medicine. This is , in a sense, what the English do. This is what they do. At that point, however, I would shift from what the English do, because at that point

DR.DeBAKEY: I would then start them off on their careers as a doctor. If he wants to be a cardiovascular surgeon, he starts training to be a surgeon and he'd get through two years of basic training in surgery, the technical aspects of it and so on and then go two more years or three years in very intensive training in cardiovascular surgery.

SCHANKE: Then in his top two years of medical school would be almost exclusively devoted to his speciality.

DR.DeBAKEY: Yeah, that's right. Exactly. It would be like taking a student.....well, no, it's not like....because it would still cut off a number of years because you see, according to the way I would structure it, this man in six or seven years after he has graduated from high school would be a practicing doctor in a speciality, internal medicine, obstetrics, ophthalmology or.....

SCHANKE: He wouldn't do his turn in the city hospital emergency room or practicing gynecology.....?

DR.DeBAKEY: Well, if this is the clinical experience that is.....

DR. DeBAKEY: No, I wouldn't put him through all of that.

If he wants to be a pediatrician, by God, he'd start becoming a pediatrician from the time he today would be, he really wouldn't, because many students today in their sophomore year have had six years since they were in college. Well, I'd have them graduated. In other words, by the time they are twenty-five or twenty-six they would be self-sustaining, self-employed.

SCHANKE: What would be the immediate effect of this?

DR. DeBAKEY: Well, the immediate.....

SCHANKE: What would it do for the educators, for example, wouldn't it lighten the load on the educators?

DR. DeBAKEY: Not a great deal, no.

SCHANKE: Not having to put everybody through the same steps?

DR. DeBAKEY: No, I don't think it would lighten the load too much, because it would just make....the load would be pretty much the same but it would be far more efficient, the product would be more efficiently developed. You see,

DR. DeBAKEY: this would take a great deal off the total cost. The average cost to educate a doctor in this country today is around \$17,000 a year per student. Somebody pays for that. In those schools where a student pays a tuition of \$2,000 to \$2,500 , he pays part of it. The state pays part of it , the government pays part of it, so in a sense , the people are paying it. This would be a tremendous savings to the cost, because instead of , let's say, costing well, on the average, let's assume that the average might have been \$15,000 a year for a student and you're cut off in a sense two years in the formal program and perhaps another two years in the other program, so let's say, four years, that is \$60,000 right there for a student that you've saved. Now multiply that by ten thousand students. Well, that's six million dollars.

SCHANKE: Would the increased efficiency permit you to train more people?

DR. DeBAKEY: Well, of course.

SCHANCHE: How many would you estimate? Would you add to the present burden by.....

DR. DeBAKEY: Well, no, I would say you would have increases by some 30%. But, now, of course, there are .....but still, the word hasn't gotten to everybody (Phone) what should be done. / Five months ago he had a transient stroke. He recovered from this, but they did nothing more about it. That's when they should have studied him and operated on him, because we know, it's fairly well established, that that's the prelude to a major stroke. Seventy per cent of them. So, last Friday he finally had the major stroke. He's paralyzed on his right side, he's aphasic, he can't say a word, and he hasn't changed. They did an angiogram this time and they found the artery completely blocked. Well, it's too late to operate now. This is what we've been saying, this is what will happen to us.

SCHANCHE: Is the success rate on the carotid.....

DR. DeBAKEY: Very high. 98-99%.



SCHANCHE: You mean 98-99% don't have recurring strokes?

DR. DeBAKEY: No, the operation is successful 98-99%. Oh, I've got patients I've followed for ten, twelve, fifteen years now since their operation without a stroke. Or any more episodes. Well, coming..... Too many, that's what's depressing. Too many. Well, where were we?

SCHANCHE: Coming back to what we were talking about in the education of this hypothetical doctor and how much money he was going to save, we figured it would be a minimum of \$60,000 per student and I had asked you how many more students could the system..... absorb simply because of the efficiency involved....

DR. DeBAKEY: Yeah, well, if you can just think of it in these terms, if you're graduating let's say you've got now a period of four years pre-medical work, four years of college that's eight years, and let's say another average four years of training. That's twelve years. And you compress that period into at least eight years.

SCHANCHE: So you're automatically increased by a third.

DR.DeBAKEY: You're increasing it be a third.

SCHANCHE: You're also doing it more efficiently and so you're increasing it more than a third.

DR.DeBAKEY: That's right.

SCHANCHE: Now what do these students miss along the way?

DR.DeBAKEY: I don't think they'll miss a great deal. They may miss some things, but , as you know, the most important thing is that they continue their education throughout their life. They experience, and a new knowledge comes along and they're absorbing that all the time, so that they are practicing just as good or better quality medicine that's what you want out of them, you know, you don't want artists out of them, you don't want writers out of them. You ....

SCHANCHE: .....like responsive to liberal minds, not necessarily liberal, but at least well developed minds, not a narrow deficient one....

DR.DeBAKEY: I don't think that you can say that the present system provides that kind.....

SCHANCHE: Alright, that's what I wanted to hear.....

DR. DeBAKEY: I don't think this would make it any worse.  
They.....I wouldn't expect them to be any less  
literate or less intelligent or less compassionate  
or anything else. In other words, I think they  
would be as good citizens as they are now, and  
hopefully better.

SCHANKE: What would it do to medicine as an entity, the  
medical profession. Would it tend to fragment it  
more, or would it tend to do anything at all?

DR. DeBAKEY: I don't think it would do anything at all. Well,  
let me say, I don't think the consequences would  
be detrimental. I can't conceive of any detrimental  
consequences in that.

SCHANKE: The fact that you and the pediatricians no longer  
have the same basic training wouldn't tend to  
separate you more than you already are separated?

DR. DeBAKEY: No, but you see, you .....they do have the same basic  
training. It's just as similar in my , let's say,  
structure of education for them, as it is now.

SCHANKE: Is it the process now where a medical student gets

SCHANCHE: three months in surgery, three months in this, three months in that, and three months in the other things, isn't that partly designed to give him an opportunity to see which speciality he really.....

DR. DeBAKEY: Well, he would still have that opportunity.  
Oh, sure.

SCHANCHE: When would he have it?

DR. DeBAKEY: During the first two years. Well, let's say during two of the years of his four years that he's getting in fact more, because you see, I would give them a certain amount of contact with medicine in their first year, after they've come in, right after they graduate from high school, they'd come in, during that first year, I would orient them then to being a doctor. They are in a sense medical students not college students. You see what I'm getting at?

SCHANCHE: Would you give them actual clinical experience at that time?

DR. DeBAKEY: Yeah, sure. I'd give them some clinical experience.

DR.DeBAKEY: These kids are just...you know, these summer kids, I have some of them working with me in the operating rooms and on the wards and so on, gee, you ought to see them, they're just as excited as they can be.

SCHANKE: Well, it's very dramatic stuff.

DR.DeBAKEY: That's right. I'd get them started right there at that age. Sure.

SCHANKE: Do you think that may be even a better time to expose them?

DR.DeBAKEY: Yes. I think I would expose them as early as I could. You see, I just think that this concept of structuring education at the lowest possible level has tended to produce mediocrity at .....even among our teachers. This is what's happened. And I think there is a tremendous amount of mediocrity in the faculties across the nation in colleges today and I think it is for that reason.

SCHANKE: I don't think you'd get an argument.

DR. DeBAKEY: Well, yeah, except from some of the faculty.

But, you see, that's the reason. Now, it's  
interesting to me as I have sort of scouted.

the scene, as you would say, that in the science  
courses you find the better faculty.

SCHANKE: Do you think this is generally true.

DR. DeBAKEY: Yeah. In the high school..... I don't know  
exactly other than possibly the students sort of  
forced that issue, because the students that tend  
to go into science are better students. They are  
better students...better quality, better minds.  
So, if you're going to teach.....

SCHANKE: Can you document that?

DR. DeBAKEY: Well, I think you can only document it in this sense,  
that when I say better minds, I'm not sure that that's  
quite the way to put it. I think they have greater  
drive.

SCHANKE: Proportion is greater, well motivated students, higher....

DR. DeBAKEY: Yeah, that's right. They have greater drive.

They work harder, they tend to study harder and  
they show a greater interest in their studies.

SCHANCHE: What was there about Tulane that turned you on?  
Or was it Tulane, it was Michael DeBakey, wasn't it?

DR. DeBAKEY: Well, it's hard to say really.

SCHANCHE: Because Tulane was pretty conventional when you  
went to it and still is .

DR. DeBAKEY: Yeah, I would say that some trouble, they've had  
some protest groups there.

SCHANCHE: No, I mean, it's set up like most other universities  
are set up.

DR. DeBAKEY: Yeah, that's true, but well, I don't know, I reacted  
to my teachers early in grammar school and high  
school . I was....I can still recall, for example;  
when I was in grammar school, I think I was in  
about the fourth or fifth grade, the teacher taught  
two grades, what we called four-A and B.

SCHANCHE: Yes, you told me that story.

DR. DeBAKEY: And I happened to sit in the middle, because I was  
listening to her , when she'd tell us to study I was  
listening to her teach the other students. Well, and  
of course, in high school, the same way, I reacted

DR. DeBAKEY: to my science work, but I reacted to all of those.

I reacted to all of them, in math, my math teacher stimulated me, my literature teacher stimulated me and so on. So I reacted to my teachers and I liked them and I liked to study and read. At Tulane I also responded to certain teachers.

I can remember my teacher in physics, I can remember my teacher in math, we had a terrific fella in math. Of course, the man who I reacted most to was the biology teacher, he took a great interest in me and even tried to persuade me to stay in biology.

SCHANKE: You were trying to remember his name when we talked not too long ago. Do you recall it now?

DR. DeBAKEY: No, but I'll get it. It comes to me from time to time, I can still see him. He had a sort of a biology face.

SCHANKE: (Laugh) Biology face? Motivation for studying.

DR. DeBAKEY: He looked a little like an ape. (Laugh) He was a great fellow. Fuzzy eyebrows. Well, I don't know that Tulane had any environment to inspire students, but it



DR. DeBAKEY: certainly had some teachers that loved to teach. And I reacted to them. I'm going to go back there in September to give a lecture in honor of one of our great teachers in medical school. He was an anatomy teacher, Cummins, Harold Cummins. Wonderful teacher and they've set up a lectureship for him. In initiating this lectureship, they've asked me to come and give this first lecture. No, Tulane is pretty bland school, in those days was a school in the South anyway that ranked as one of the better schools in the South.

SCHANKE: What I'm getting at is that you seemed to have had an unusual complimentary confrontation of your personality and a number, quite a number of teachers. Not everyone....in fact the vast majority of students don't have this happy meeting. Most are lucky to get through with the entire educational process with one memorable teacher. One that truly challenged and inspired them.

DR. DeBAKEY: Well, I don't know. I really can't....all I can say is that I .....,looking back upon my grammar school, high

DR. DeBAKEY: school, college teachers, I developed a great fondness for them and I must say that I feel indebted to them. Now, maybe I am giving them too much credit, but they certainly did produce in me some kind of stimulus because I responded to them and I have a feeling of fondness for them. I can't help but give them some credit for their response to me, because they did respond to me and they showed an interest in me. Now maybe it was because I was showing an interest in them, too. And they responded to a student they thought they were teaching. I must say that I did get a great, let's say stimulus from them, and I can't help but feel that a teacher has a great deal of influence.

SCHANKE: What you're doing with the DeBakey plan, if we can call it that, should we call it that?

DR. DeBAKEY: Well, I don't know.....

SCHANKE: I won't call it that. Is making it possible for ordinary students to go through medicine at the time

SCHANKE: that you went through medicine, there is a great deal more motivation and challenge than most had.

DR. DeBAKEY: Well, I think that, yeah, that students have, at that age, a great deal more potential than they're given credit for and that if you challenge them adequately you can bring out that potential.

SCHANKE: Do you think it is stifled now under the present system?

DR. DeBAKEY: Yes, I think it is. But I think partly that's because of the overcrowding. We're trying to take on more students and we're trying----I'm talking now about the whole education in general----and as a consequence the student, I don't think, gets the reaction. I mean I just can't see how a student can be challenged by going and taking a course in which the professor stands up and gives a lecture one hour or two hours a week in a course to 500 or 1,000 and sometimes more students. I just don't see---to me he might just as well read a book. The lecture has to be pretty formalized and they can't be the.....there can't be an interface developed. You might as well

DR. DeBAKEY: take a course from a television tube. And I think that this is turning into more mediocrity. I occasionally, early in the morning I will turn the television on hoping to get the news and there is a course they give in some place in New York, New York University. It's called the Sun.....

SCHANKE: The early morning language courses?

DR. DeBAKEY: No it's....well, yeah, all kinds of courses. Sunrise University I think it's called or something like that. And this fella gives a lecture and I've listened to him just, say ten or fifteen minutes, to get some idea what the hell does this mean, what is it about. I think it's terrible...

SCHANKE: In other words, people who are expert in this business say that yes it is terrible, it's terrible because the guy is standing up there flatly delivering his lecture and there is no imagination vested into this medium in which they could do a great deal more with.

DR. DeBAKEY: Well, I think it's a waste of time, I really do. I think it's a terrible way of wasting time both on the part of the fellow that's giving the lecture, the money it costs

DR. DeBAKEY: to do it and on the part of the people who listen to it.

SCHANKE: I don't want to get you...corner you into a position into saying you don't believe in these new fangled devices.....

DR. DeBAKEY: No, but that's not the point, I do believe in these new fangled devices. They have great usefulness. But they aren't useful for that purpose. I mean this is the wrong kind of a purpose to use them for. I just don't ....I think it's ridiculous to give a course like that. I was listening to one not long ago, I don't know where I was in a hotel room, and he was giving a course about the history of the sort of Israeli wars. Well, anyone that wants to be informed about that can go to the library and read about it just as easily. Now why waste the time of let's say this fellow who's giving the lecture, the cost of the people who are putting on the program and all the people who could be viewing something else that would be entertaining or educational in some other way.

DR. DeBAKEY: Now I can understand giving a kind of , using the television tube and getting an expert in certain types of art, certain types of historical things in the past like....that are useful for cultural purposes to enlarge and expand our cultural background and cultural interest and let's say cultural intellect, if you will. But this just doesn't do anything. This is what I'm talking about, and this kind of university course to me is just wasted. Well, anyway, I just don't think that this is the way to inspire students. Now maybe I'm misdirecting my remarks in a way, because I recognize that in this higher form of education and especially in this specialized form of education, you can only direct the educational activities to a very small percentage of the population and that therefore some of my criticism may not apply to other forms of educational activity. On the other hand, I'm not at all sure that the whole educational, let's say, process, as it is now structured shouldn't be reviewed radically.

SCHANKE: Well, that's not a unique idea. There are large

SCHANKE: numbers of educators in colleges.....

DR. DeBAKEY: No, don't misunderstand me. I'm not saying that anything I'm saying is innovative, even the program I've talked about is not innovative.

SCHANKE: That's what I wanted to come back to. There have been other proposals made and other suggestions....

DR. DeBAKEY: The only thing that I would say is this, and that is that while none of the concepts I've talked about in medical education are really new in any sense of the word, I do think that what I think may be a little different from those that have been proposed in the past that are similar in general principle in their outline, is that I would take over the total educational process.

SCHANKE: From the first year.

DR. DeBAKEY: Right from college work. Now, that is not to say that I wouldn't include some elective courses and let a student, if he wants to take a course in philosophy or a course in English literature, take it, so I would have, I would include some electives, because I

DR. DeBAKEY: am hopefully dealing with some pretty bright boys, and girls and I would like to let them take some courses which would make them more literate. Allow them to develop a greater degree of expressivness , let them learn how to communicate better, to use language better for communication.

SCHANKE: If only to improve the quality of medical papers.

DR. DeBAKEY: Yes, but you see, it's not just the quality that....of writing that I'm talking about, it's this basic..... basically communication that we're talking about. And this is.....you see, the basic purpose of good writing is not just to make it, to give it style and attractiveness, but to give preciseness of meaning in the transmission of ideas so that what I think, what I have conceived, you can really get a picture of, you can understand thoroughly by the way I tell you, the way I describe it to you. That is the, in a sense, the difficulties that now exist with communication and in writing. You often can't understand what the fellow has in mind.



DR. DeBAKEY: So that's really the purpose of good writing.  
Now, style is something that almost has to be developed individually and secondly, it is almost dependent upon a certain talent.

SCHANKE: Style is a reflection of personality.

DR. DeBAKEY: Yeah, exactly.

SCHANKE: Back to the....what are the sources or what has been the sources of the reform movement in medical education because I think we should mention that.... you know, these ideas have been around taking shape for some time.

DR. DeBAKEY: There have been a number of studies done and committees that have been established and there is structured in our organizations, the American Medical Association has a council on education, medical education. The American Association of Medical Colleges is presumably structured for this purpose.

SCHANKE: Do you give the AMA council on education a high mark or a low mark or no mark?

DR. DeBAKEY: Well, it's like any of the large organizations, what

DR. DeBAKEY: happens essentially is that it's heavily weighted by people who have become fixed in their ideas often have left the scene, so to speak, of active teaching and are no longer involved and really have become administrators and that's about the worst thing that can happen to you. You see, what happens in many forms of activity is as a man develops a certain talent in a certain area he is promoted so to speak. Well, it's.....the principle.

SCHANKE: The Peter Principle .

DR. DeBAKEY: Well, it's , yes, but the Peter Principle is not quite applicable to what I'm saying. He's promoted because of his demonstrated capability in the job that he was doing to take on a larger degree of responsibility. In doing this, however, he becomes in a sense an administrator. He now begins to administer the program because he hasn't got time to run it, to do it himself. Well, once he becomes that, it isn't long before he's obsolete, because he's no longer on the firing line, he's no longer actively

DR. DeBAKEY: engaged in what's going on. It's like a doctor practicing medicine in a highly specialized area. Well, if he becomes the Dean of a medical school he quits practicing medicine in that area and in two or three or four years he's out of touch with what's going on. He doesn't know what the latest methods of dealing with this problem, because he isn't experiencing it. Now, how he then really loses his capability of being able to administer the program efficiently. This is.....

SCHANKE: What you were just saying relates to your own experience.....

DR. DeBAKEY: Yes, and as a consequence you see he then is thinking in his administrative activities in terms of his experience four years, ten years ago sometimes, fifteen years ago. So, whenever...if he has the power and the influence of the job he holds, he exerts that influence maybe with....not even knowingly, by the way he thinks from his experience ten years ago. He's really ten years out of date.

SCHANKE: What would you do to correct this problem? Dr. DeBakey?

DR. DeBAKEY: (Laugh) Well, I think that to some extent I have tried to do this here.

SCHANKE: I know that, that's why I asked.

DR. DeBAKEY: I'm really critically regarded by some of my colleagues in the medical schools, especially the so called professional deans. Because we don't really have in our medical school a professional dean. Everybody in our medical school on the administrative staff is an active teacher, is an active doctor, practicing his speciality whatever it is. No, we have been criticized for this. As a matter of fact, it's regarded as a detriment in a way. So I was arguing with some of them about this, some of my critics, who happen to be good friends of mine, friends in the sense that we've known each other for years. Cordial. And I was saying to them, well, now you will admit you have just commended me highly for having or at least what has happened, commending me....but you are commending what has happened to this medical school

DR. DeBAKEY: since I became the head of the medical school, from a point where the school was in utter chaos , where we were so badly in debt that we didn't know whether we would be able to open our doors the following year, where the morale of the faculty was so bad that they were leaving here in droves, where we had seven chairmen of departments that had gone and we had them empty and in three years the school has been brought to its present state, where we are in the black, where we have money to operate, more money to operate than we have every had in the history of the medical school. Where we have filled virtually every chairmanship with distinguished men and having competed for these men with the best schools in the country and taken them right out from under the schools that competed for them with us, they have come here instead of going to Hopkins, they have come here instead of going to Cornell, and they've come here instead of going to Harvard. I didn't have to document this, because it is well known. We have the best

DR. DeBAKEY: quality of students that we have ever had. Ranking in the top five in their average percentile grading , ranking with the top five schools in the country. We have the largest number of applicants in the history of the school, nearly 3,000 applicants for 140 positions. Now, you've said all of this, this has all been done and you say it's remarkable, and then at the same time, on the other side of your mouth you criticize us for not having a professional dean. Now what would a professional dean, what more would a professional dean have done? It's really extraordinary. Now, I say to you that it has been done without a professional dean and I think the reason that it has been done is because we don't have a professional dean and the morale of the faculty is the best that it has ever been. They like it this way. The administrators of our school want to be active in teaching. Now what is deficient about the administration of the school?

SCHANKE: What is the trick? How do you do it? Because this must put , I don't know whether it's a terrible burden, but a

SCHANCHE: much heavier burden on your administrators than on the administrators of other medical schools....

DR. DeBAKEY: No, it does not. It doesn't put any heavier burden on them at all. It's the same burden no matter who does it. The same burden. Now what we do is spread the burden. We have an admissions committee of the faculty. They accept the burden for selecting the students, not the dean of admissions. He has an administrative staff to carry out the paper work and all that type of thing.

SCHANCHE: Do you tend to have more non-professional administrative staff here than at other medical schools?

DR. DeBAKEY: No, the same amount of people work....

SCHANCHE: Why isn't everyone emulating this?

DR. DeBAKEY: Well, I think in time they may. A lot of people have emulated me ten or fifteen years afterwards.

SCHANCHE: You said there is a security factor at work, isn't there?  
A professional dean doesn't want to see the system changed.

DR. DeBAKEY: No, of course not. Sure, he wants to be a professional. So he can be a professional dean and get a certain prestige from just being what he calls a professional dean whatever that means.

DR. DeBAKEY: So he can smoke his pipe and sit behind in his chair and make out like he's doing profound thinking and shuffling a lot of papers.

SCHANKE: Are all of your department chairmen actively practicing, either research or clinical practice?

DR. DeBAKEY: Yes.

SCHANKE: You don't have a straight old-fashion.....

DR. DeBAKEY: No, the closest we have to that is Dr. Merrill, he's the executive vice-president, but he does.... he's an internist and he does...he teaches and he goes on the wards and that sort of thing, but I'm... he does devote more time to his office work than perhaps anyone else.

SCHANKE: How long is it going to take, like yesterday we were talking about the lead time between awareness of a problem and revolution of it, from ten to twenty years, national health problems. How long does it take to get education straightened out.

DR. DeBAKEY: Well, that's a very slow process. You know, it's a very interesting thing to me, we often think of



Tape # 9

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DR. DeBAKEY: institutions of learning as being institutions where  
liberal minds exist and that you'll find ferment there  
and a kind of....we tend to consider the.....

END OF SIDE B.